	Calender Year 2014 NH Marketplace (Exchange) Individual "Standard" Plans *Note 1 FINAL November 5, 2013										
Plan ID/ Form Schedue #	96751NH0330002	96751NH0150010	96751NH0150006	96751NH0330001 2nd lowest priced Silver Plan	96751NH0150008	96751NH0150001	96751NH0150002	96751NH0150003	96751NH0150004	96751NH0150005	96751NH0150011
Plan Name	Anthem Blue Cross and Blue Shield Gold DirectAccess, a <u>Multi-</u> <u>State Plan</u>	Anthem Gold DirectAccess - ccaf	Anthem Silver DirectAccess w/HSA - cbdo	Anthem BC & BS Silver DirectAccess, a <u>Multi-</u> <u>State Plan</u>	Anthem Silver DirectAccess - cbcm	Anthem Bronze DirectAccess w/HSA - cacc	Anthem Bronze DirectAccess w/HSA - caax	Anthem Bronze DirectAccess - cabr	Anthem Bronze DirectAccess - caaa	Anthem Bronze DirectAccess w/Child Dental - cdaa	Anthem Catastrophic DirectAccess *Note 2
Plan Variation Name	Standard Gold On Exchange Plan	Standard Gold On Exchange Plan	Standard Silver On Exchange Plan	Standard Silver On Exchange Plan	Standard Silver On Exchange Plan	Standard Bronze On Exchange Plan	Standard Bronze On Exchange Plan	Standard Bronze On Exchange Plan	Standard Bronze On Exchange Plan	Standard Bronze On Exchange Plan	Standard Catastrophic On Exchange Plan
Metal Level	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Catastrophic
Deductible- Individual/Family	\$1,000/\$2,000	\$1,000/\$2,000	\$2,500/\$5,000	\$1,500/\$3,000	\$3,250/\$6,500	\$3,500/\$7,000	\$5,500/\$11,000	\$4,300/\$8,600	\$5,750/\$11,500	\$5,750/\$11,500	\$6,350/\$12,700
Coinsurance	10%	10%	10%	30%	0%	25%	0%	20%	10%	10%	0%
Max Out of Pocket- Individual/Family *Note 4	\$3,500/\$7,000	\$3,500/\$7,000	\$4,000/\$8,000	<u>\$6,000/\$12,000</u>	\$5,000/\$10,000	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700
Preventive Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
PCP Visits (not wellness)	\$30 Copay Unlimited visits	\$30 Copay Unlimited visits	Subject to ded. & coinsurance	\$35 Copay first 2 visits; all other visits thereafter subject to ded. & coinsurance	\$40 Copay first 3 visits; all other visits thereafter subject to deductible	Subject to ded. & coinsurance	Subject to deductible	\$35 Copay first 2 visits; all other visits thereafter subject to ded. & coinsurance	\$40 Copay first 2 visits; all other visits thereafter subject to ded. & coinsurance	\$40 Copay first 2 visits; all other visits thereafter subject to ded. & coinsurance	\$40 Copay first 3 visits; all other visits thereafter subject to deductible
Specialist Visits	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to deductible	Subject to ded. & coinsurance	Subject to deductible	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to deductible
Urgent Care	\$50 Copay then subject to ded. & coinsurance	\$50 Copay then subject to ded. & coinsurance	\$50 Copay then subject to ded. & coinsurance	\$50 Copay then subject to ded. & coinsurance	\$50 Copay then subject to deductible	\$50 Copay then subject to ded. & coinsurance	\$50 Copay then subject to deductible	\$50 Copay then subject to ded. & coinsurance	\$50 Copay then subject to ded. & coinsurance	\$50 Copay then subject to ded. & coinsurance	Subject to deductible
Outpatient Facility/Surgical Center	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to deductible	Subject to ded. & coinsurance	Subject to deductible	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to deductible
Emergency Room	\$200 Copay then subject to ded. & coinsurance	\$200 Copay then subject to ded. & coinsurance	\$200 Copay then subject to ded. & coinsurance	\$200 Copay then subject to ded. & coinsurance	\$200 Copay then subject to deductible	\$200 Copay then subject to ded. & coinsurance	\$200 Copay then subject to deductible	\$200 Copay then subject to ded. & coinsurance	\$200 Copay then subject to ded. & coinsurance	\$200 Copay then subject to ded. & coinsurance	Subject to deductible
Inpatient Hospital Services	\$500 Copay then subject to ded. & coinsurance	\$500 Copay then subject to ded. & coinsurance	Subject to ded. & coinsurance	\$500 Copay then subject to ded. & coinsurance	\$500 Copay then subject to deductible	\$500 Copay then subject to ded. & coinsurance	\$500 Copay then subject to deductible	\$500 Copay then subject to ded. & coinsurance	\$500 Copay then subject to ded. & coinsurance	\$500 Copay then subject to ded. & coinsurance	Subject to deductible
Retail Pharmacy (Tiers 1-4) *Note 3 (<u>Non-Formulary is not</u> <u>covered</u>)	Tier 1: \$15 Copay Tier 2: \$40 Copay Tiers 3 & 4: Subject to ded. & coin.	Tier 1: \$15 Copay Tier 2: \$40 Copay Tiers 3 & 4: Subject to ded. & coin.	All Tiers subject to ded. & coinsurance	Tier 1: \$15 Copay Tier 2: \$40 Copay Tiers 3 & 4: Subject to ded. & coin.	Tier 1: \$15 Copay Tier 2: \$40 Copay Tiers 3 & 4: Subject to deductible.	All Tiers subject to ded. & coinsurance	All Tiers subject to deductible	All Tiers subject to ded. & coinsurance	All Tiers subject to ded. & coinsurance	All Tiers subject to ded. & coinsurance	All Tiers subject to deductible
Durable Medical Equipment	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to deductible	Subject to ded. & coinsurance	Subject to deductible	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to deductible
Chiropractic	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to deductible	Subject to ded. & coinsurance	Subject to deductible	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to ded. & coinsurance	Subject to deductible
Pediatric Dental Benefits	Yes	No	No	No	No	No	No	No	No	Yes	No

^{*}Note 1 In addition to the "Standard" plans illustrated here, Native Americans can purchase Zero cost sharing plans and other individuals may qualify, based on their income level, to purchase plans with lesser cost sharing amounts.

^{*}Note 2 Catastrophic plan is only available to those under the age of 30 or who get a "hardship exemption"

^{*}Note 3 Retail Pharmacy Tiers-- Tier 1 = Generic, Tier 2 = Preferred, Tier 3 = Non-Preferred, and Tier 4 = Specialty Drugs

^{*}Note 4 Max Out of Pocket - Individual/Family: All copays, deductibles and coinsurances are applied towards the Max Out Of Pocket limits